

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/954731
CC # - 86431

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY
TYPE ☐

OR
OTHER THAN
SMALL ENTITY

| | | |
|-----------------------------------------------------------|---------------|--------------|
| TOTAL CLAIMS | 22 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 22 minus 20 = | 2 |
| INDEPENDENT CLAIMS | 3 minus 3 = | 0 |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

| | |
|-----------|--------|
| RATE | FEE |
| BASIC FEE | 355.00 |
| X\$ 9= | 19 |
| X40= | |
| +135= | |
| TOTAL | 373 |

| | |
|-----------|--------|
| RATE | FEE |
| BASIC FEE | 710.00 |
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

| | | | | | |
|-------------|-------------------------------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|------------------|
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | Minus | ** | 22 |
| | Independent | * | Minus | *** | 3 |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| | |
|---------------------|------------------------|
| RATE | ADDI- TIONAL FEE |
| X\$ 9= | |
| X40= | |
| +135= | |
| TOTAL ADDIT. FEE | |

| | |
|---------------------|------------------------|
| RATE | ADDI- TIONAL FEE |
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL ADDIT. FEE | |

| | | | | | |
|-------------|-------------------------------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|------------------|
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | Minus | ** | |
| | Independent | * | Minus | *** | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| | |
|---------------------|------------------------|
| RATE | ADDI- TIONAL FEE |
| X\$ 9= | |
| X40= | |
| +135= | |
| TOTAL ADDIT. FEE | |

| | |
|---------------------|------------------------|
| RATE | ADDI- TIONAL FEE |
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL ADDIT. FEE | |

| | | | | | |
|-------------|-------------------------------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|------------------|
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | Minus | ** | |
| | Independent | * | Minus | *** | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| | |
|---------------------|------------------------|
| RATE | ADDI- TIONAL FEE |
| X\$ 9= | |
| X40= | |
| +135= | |
| TOTAL ADDIT. FEE | |

| | |
|---------------------|------------------------|
| RATE | ADDI- TIONAL FEE |
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.